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# Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

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## UNITED NATIONS POPULATION FUND

### Draft country programme document for Kenya

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|---|---|
| Proposed indicative UNFPA assistance: | $34.9 million: $24.4 million from regular resources and $10.5 million through co-financing modalities and/or other resources, including regular resources |
| Programme period: | Four years (2014-2018) |
| Cycle of assistance: | Eighth |
| Category per decision 2013/31: | Red |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other | Total |
|---|---|---|---|---|
| Outcome 1 | Sexual and reproductive health | 11.0 | 4.0 | 15.0 |
| Outcome 2 | Adolescents and youth | 3.7 | 2.0 | 5.7 |
| Outcome 3 | Gender equality and women's empowerment | 3.2 | 2.0 | 5.2 |
| Outcome 4 | Population dynamics | 5.0 | 2.5 | 7.5 |
| | Programme coordination and assistance | 1.5 | - | 1.5 |
| | Total | 24.4 | 10.5 | 34.9 |

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## I. Situation analysis

1. The population of Kenya was estimated at 43.2 million in 2013 (2009 Population and Housing Census), increasing from 28.7 million in 1999, with an inter-censual population growth rate of 2.9 per cent. Sixty-four per cent of the population is below 24 years of age, 20.6 per cent of whom are youth aged 15 to 24. The economy grew from 4.6 per cent in 2012 to 5 per cent in 2013. In 2010, Kenya adopted a new constitutional framework that has established a devolved system of governance with 47 counties, introducing a new political and development dimension which programming will need to take into account.

2. The maternal mortality ratio remains high at 488, an increase from 414 deaths per 100,000 live births, according to the Kenya demographic and health survey of 2003 and 2008/2009. The high maternal mortality ratio is due to limited use of skilled care, with only 47 per cent of expectant mothers completing the recommended four antenatal care visits and 44 per cent receiving skilled care at delivery, while the rate for Caesarean sections is 6.2 per cent. Women's low usage of skilled care is due primarily to the limited coverage of facilities able to provide emergency obstetric care,(9 per cent for basic and 7 per cent for comprehensive care), and inadequate health care provider skills, which harmful social and cultural practices exacerbate. This situation is further compounded by inadequate implementation of existing policies, guidelines and protocols. In addition, up to 3,000 obstetric fistula cases occur annually with inadequate capacity for repair.

3. The total fertility rate declined from 4.9 to 4.6 children per woman between 2003 and 2008/2009, with 20 years old the median age for first marriages. The contraceptive prevalence rate for all methods rose from 39 per cent to 46 per cent during the same period, with wide regional variations ranging from 4 per cent in the north east to 63.5 per cent in central regions. The unmet need for family planning is 26 per cent overall; 30 per cent among young people, and 52 per cent among people living with the human immunodeficiency virus (HIV). Sociocultural factors hinder utilization of family planning services. Additional challenges include: inadequate resource allocation to family planning commodities, inadequate capacity to forecast family planning needs, weak supply chain management, and inadequate capacity at the facility level to provide family planning services, particularly long acting and permanent family planning methods.

4. The pregnancy rate for teenagers (defined as 15 to 19 year olds) declined from 23 per cent in 2003 to 18 per cent in 2008, thanks to increased awareness and access to sexual and reproductive health information and services. Despite this, access is still a challenge, partly due to the lack of comprehensive sexuality education in the school curriculum and low coverage of youth friendly services at 7 per cent.

5. HIV prevalence dropped from 7.1 per cent in 2007 to 5.6 per cent in 2012, although new infections remain high, at nearly 100,000 per year. The HIV prevalence among the 15 to 24 cohort was 2.1 per cent in 2012, a decrease from 3.8 per cent in 2007. Within this age group, girls are at a four times higher risk of HIV infection than boys. The drivers of the epidemic are discordant couples, multiple concurrent partners, and most-at-risk population groups, which include sex workers, prisoners, truckers, men who have sex with men, intravenous drug users and fishing communities. Condom use is low with only 5 per cent of women and 14 per cent of men having reported using condoms consistently with persons of unknown status.

6. Kenya periodically collects a wealth of population data. However, more in-depthanalysis and dissemination are a challenge, and consistent collection and analysis of vital statistics is limited, as demonstrated in the limited civil registration coverage of births and deaths, at 58 and 47 per cent, respectively, the result of a weak civil registration system, and inadequate human resources and skills. Furthermore, the use of data on population dynamics to inform development planning, policy formulation and implementation at national and county levels remains at a low level.

7. Kenya has made significant strides within its policy and legislative framework on gender equality. However, major gaps exist in

implementation. The gender-based violence prevalence rate decreased from 49 per cent in 2003 to 39 per cent in 2008, mainly due to increased awareness of rights and laws. The provision of gender-based violence services is hindered by low resource allocation and limited human resources and skills for prevention and response. Female genital mutilation/cutting declined from 32 per cent in 2003 to 27 per cent in 2008 with wide regional variations, ranging from 5 to 98 per cent among practicing ethnic communities. These variations are attributed to differences in cultural practices and beliefs, as well as emerging concerns such as medicalization of the practice by service providers.

8. In the last decade, Kenya has witnessed an increase in the frequency and severity of natural disasters, ongoing conflicts and the influx of 587,223 refugees by the end of 2013. These emerging challenges call for reinforced preparedness and response mechanisms in order to address the potential negative effects on women and young girls on matters of sexual and reproductive health and gender-based violence.

## II. Past cooperation and lessons learned

9. The seventh country programme, 2009-2013, focused on sexual and reproductive health and rights (including HIV prevention); gender equality and women's empowerment; and population and development. The programme incorporated several strategic partnerships with the Government at national and sub-national levels (in four districts), other United Nations organizations, development partners, civil society organizations and private sector institutions in order to enhance national ownership and coherence.

10. In sexual and reproductive health, the programme supported efforts to: (a) increase services in facilities providing basic emergency obstetric care from 10 per cent in 2009 to 69 per cent in 2012 in the focus districts; (b) establish and equip three model health centres; (c) procure 25 to 30 per cent of family planning commodities to bridge the gap at the national level; (d) operationalize four youth-friendly health centres and four youth empowerment centres; (e) provide integrated sexual and reproductive health and HIV/AIDS-related services to 41,092 young people; (f) strengthen the national comprehensive condom programme, particularly through demand generation; (g) build capacity of health service providers for fistula repair and provision of equipment and supplies leading to 705 repairs; and (h) build capacity of institutions at national and sub-national levels to deliver the minimum initial service package, and service delivery in emergency situations. Despite the above achievements in the focus districts, the programme needs to be scaled up in new counties where indicators remain poor.

11. In gender-based violence, mainly implemented through a joint programme with other United Nations organizations, the programme supported efforts to:(a) enact the abandonment of female genital mutilation/cutting act and mainstream gender equality into national legislation, policies, programmes and budgets; (b) implement and enforce gender responsive laws and policies; (c) strengthen protective services/social safety nets to prevent and respond to gender-based violence; and (d) establish six community public declarations against female genital mutilation/cutting, which allowed 586 girls to undergo an alternative right of passage. Additional work is required in providing gender-based violence related services, implementation and monitoring of laws and policies.

12. In population and development, the programme supported efforts to: (a) undertake the 2009 population and housing census, development of 13 census monographs, the 2008/2009 Kenya demographic and health survey, 2012 Kenya AIDS indicator survey, and the Kenya population situation analysis; (b) revise and adopt an inclusive and comprehensive population policy; (c) build capacity of civil registration agents; (d) integrate population dynamics in development planning; and (e) reposition family planning as a development issue. Despite the achievements, dissemination of 2009 population and housing census data, the integration of population dynamics into development plans, and civil registration are yet to be fully realized.

13. The key lessons learned from the seventh country programme, 2009-2013, include the

conclusion that: (a) cooperating with parliamentary networks facilitates advocacy for adoption of various bills and policies; (b) the use of comprehensive reproductive health drop-in centresin conjunction with the peer-to-peer approach is cost effective; and (c) comprehensivesexuality educationcan be sustainable if integrated in the national school curriculum.

## III. Proposed programme

14. The proposed eighth country programme, 2014-2018, was formulated in a participatory manner through multi-stakeholder consultations under the leadership of the Government. The programme responds to national priorities as articulated in the second medium-term plan, 2013-2017, of the Kenya Vision 2030, and contributes to and aligns with the United Nations Development Assistance Framework, 2014-2018. The programme is likewise aligned with the UNFPA strategic plan, 2014-2017, and grounded in the principles of the International Conference on Population and Development (ICPD), and contributes to the achievement of the Millennium Development Goals. The recommendations and lessons learned from the evaluation of the final seventh country programme, 2009-2013, informed the development of the proposed programme, 2014-2018. The programme will be implemented in collaboration with other United Nations organizations within the framework of 'delivering as one', as well as development partners, non-governmental organizations and private sector institutions.

15. The proposed programme contributes to the four UNFPA strategic plan outcomes, 2014-2017, focusing together on the achievement of universal access to sexual and reproductive health and rights. In order to sustain gains achieved during the previous country programme, the proposed programme will, in collaboration with other United Nations organizations, support advocacy for policy implementation and targeted interventions in three of the 47 counties (Homabay, Kilifi and Nairobi in Kasarani sub-county). The programme will adhere to the five United Nations programming principles and will use four programming strategies at the national and sub-county levels: (a) advocacy and policy dialogue/advice; (b) knowledge management; (c) capacity development; and (d) service delivery. The programme will focus on adolescents and youth, and women's reproductive health, underpinned by human rights, gender equality and population dynamics to deliver the following outputs in line with the cluster approach.

*Outcome 1:Sexual and reproductive health*

16. Output 1: National and county institutions have capacity to deliver comprehensive integrated maternal and newborn health and HIV prevention services, including in humanitarian settings. To achieve this output, the programme will support efforts to: (a) operationalize reproductive health policies, strategies and protocols; (b) deliver emergency obstetric care services by health facilities, and enhance skills of health service providers; (c) equip and build county-level skills for obstetric fistula prevention and treatment; (d) implement the national HIV prevention programme, focusing on comprehensive condom programming, especially among key populations, and eliminating mother-to-child transmission; and (e) build capacity of staff and partners in emergency preparedness and response.

17. Output 2: National and county institutions have capacity to create demand and provide family planning services. To achieve this output, the programme will support efforts to: (a) advocate for increased funding for procurement of family planning commoditiesin partnership with the private sector; (b) foster the use of voluntary family planning services through media and community outreach by addressing sociocultural barriers, including low male involvement; (c) promote the use of e-technology to ensure commodity security at the facility level and enhance supply chain management; and (d) build capacity of health workers to provide long-acting and permanent family planning methods.

*Outcome 2: Adolescents and youth*

18. Output 1: Increased accessibility of comprehensive sexual and reproductive health information and services for young people at national and county levels. To achieve this output,

the programme will support efforts to: (a) advocate for the integration of comprehensive sexuality education in the school curriculum; (b) build capacity of health service providers and provide equipment to promote youth-friendly sexual and reproductive health services, especially to the most vulnerable and marginalized; and (c) build capacity of youth networks to facilitate their meaningful participation in development processes, particularly in matters of sexual reproductive health and rights.

*Outcome 3:Gender equality and women's empowerment*

19. Output 1: National and county institutions have capacity to coordinate and implement compliance of obligations on gender-based violence, reproductive health rights and harmful cultural practices. To achieve this output, the programme will support efforts to: (a) formulate and operationalize a monitoring and evaluation frameworkfor gender equality obligations; (b) coordinate a gender-based violence response; (c) advocate for increased resource allocation for gender-based violence prevention and response; (d) build capacity of health service providers,law enforcement agents and the judiciary to provide multisectoral, gender-based violence prevention and response services, including in humanitarian situations; and (e) foster the abandonment of harmful cultural practices, particularly female genital mutilation/cutting and early marriage through faith-based organizations and cultural institutions.

*Outcome 4:Population dynamics*

20. Output 1: National and county institutions have capacity to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of population-related policies and programmes. To achieve this output, the programme will support efforts to: (a) prepare for the 2019 population and housing census; (b) revitalize health management information and civil registration systems; (c) generate and disseminate data on population dynamics, sexual and reproductive health, HIV and their links to sustainable development; (d) implement population-related policies; (e) build capacity of county-level staff on integration ofpopulation dynamics in strategies and plans; (f) update and roll out the integrated multisectoral information system; and (g) monitor and report progress on implementation of the ICPD programme of action.

## IV. Programme management, monitoring and evaluation

21. The National Treasury will oversee the execution of the proposed country programme, 2014-2018. The Ministry of Devolution and Planning, in collaboration with the Ministry of Health will coordinate programme implementation at national and county levels.

22. National execution is the preferred implementation arrangement. UNFPA will select implementing partners based on their ability to deliver the outputs of the country programme. UNFPA and the Government will monitor programme implementation through the established 'delivering-as-one' mechanism and UNFPA policies and guidelines. A monitoring and evaluation framework will be developed and implemented.

23. The UNFPA country office in Kenya includes basic management and development effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing technical and programme expertise as well as associated support for the implementation of the programme. The country office will seek technical assistance from other country offices, the regional offices and UNFPA headquarters, including through South-South cooperation initiatives in strategic areas.

24. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging issues, especially live-saving measures.

## RESULTS AND RESOURCES FRAMEWORK FOR KENYA

**National priority:** Realizing an issue-based, people-centred, results-oriented and accountable democratic system that respects the rule of law and protects the rights and freedoms of every individual in society (Vision 2030)
**UNDAF outcome 1.2**:By 2017, a democracy in which human rights and gender equality are respected, elected officials are responsive and accountable; citizens and civil society are empowered, responsible and politically/socially engaged; equitable representation is achieved through affirmative action; and the electoral processes are free, fair, transparent and peaceful. **UNDAF outcome 1.4**:By 2018, development planning and decision-making are evidence and rights-based, supported by a well-established and robust research, monitoring and evaluation culture that guarantees the independence, credibility, timeliness and disaggregation of data, broadly accessible to the intended audience. **UNDAF outcome 2.2**: By 2018, morbidity and mortality in Kenya are substantially reduced, with improved maternal, neonatal, and child survival, reduced malnutrition and incidence of major endemic and epidemic diseases (malaria, tuberculosis) and stabilized population, underpinned by a universally accessible, quality and responsive health system. **UNDAF outcome 2.3**: By 2018, Kenya has reduced socioeconomic impact of HIV and societal vulnerability to HIV that is realized by a well-coordinated, effective, efficient and adequately resourced multisectoral response. **UNDAF outcome 4.2**:By 2018, counties and communities are able to anticipate, prevent and respond effectively to disasters and emergencies.

| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
|---|---|---|---|---|
| **Outcome 1: Sexual and reproductive health**(Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access)<br><br>Outcome indicators:<br>• Percentage of births attended by skilled attendant<br>Baseline: 43%; Target: 60%<br>• National contraceptive prevalence rate<br>Baseline: 46%;Target: 56%<br>• HIV prevalence rate among 15 to 24 year olds<br>Baseline: 2.1%; Target: 1.6% | Output 1:National and county institutions have capacity to deliver comprehensive integrated maternal and newborn health and HIV prevention services, including in humanitarian settings | Output indicators:<br>• Percentage of facilities providing basic emergency obstetric and newborn care in selected counties<br>Baseline: Homabay: 7 (4 out of 57), Kilifi: 75 (112/148), Kasarani 33 (6/18);<br>Target: Homabay: 80, Kilifi: 90, Kasarani: 80<br>• Number of retired midwives recruited and trained<br>Baseline: 124; Target: 224<br>• Number of counties with disaster management plans integrating reproductive health and gender-based violence<br>Baseline: 0; Target: 4<br>• Number of fistula cases repaired annually<br>Baseline: 750; Target: 1,550 | International Planned Parenthood Federation; Ministry of Health; World Health Organization; United States Agency for International Development; United Nations Children's Fund; United Nations Joint Programme on HIV/AIDS | $15 million ($11 million from regular resources and $4 million from other resources, including thematic funds) |
| | Output 2: National and county institutions have capacity to create demand and provide family planning services | Output indicators:<br>• Number of new users in modern contraceptive methods in select counties annually<br>Baseline: Homabay: 47,334, Kilifi: 38,578: Kasarani: 25,656;<br>Target: Homabay: 60,000, Kilifi: 50,000, Kasarani: 30,000<br>• Percentage of health facilities with capacity to provide long-acting family planning methods<br>Baseline: Homabay: 33 (63 out of 193), Kilifi: 58 (76/131), Kasarani: 54 (30/56);<br>Target: Homabay: 78, Kilifi: 60, Kasarani: 60<br>• Percentage of facilities providing family planning services within the HIV care clinics/centres in select counties<br>Baseline: Homabay: 9 (1 out of 12), Kilifi: 35 (52/148), Kasarani: 58 (14/24);<br>Target: Homabay: 29, Kilifi: 55, Kasarani: 78 | | |

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| **Outcome 2: Adolescents and youth** (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health)<br><br>Outcome indicators:<br>• Teenage pregnancy rate<br>Baseline: 18%; Target: 15%<br>• Percentage of young people aged 15 to 24 who correctly identify ways of preventing the sexual transmission of HIV<br>Baseline: 54%; Target: 80% | Output 1: Increased accessibility of comprehensive sexual and reproductive health information and services for youth at national and county levels | Output indicators:<br>• Number of young people accessing sexual reproductive health services in select counties annually<br>Baseline: Homabay: 0, Kilifi: 0, Kasarani: 0;<br>Target: Homabay: 50,000, Kilifi: 50,000, Kasarani: 50,000<br>• Number of national and county institutions with capacity to provide comprehensive sexual reproductive health programmes to young people<br>Baseline: 0; Target: 7<br>• Number of youth accessing voluntary HIV counselling and testing<br>Baseline: Homabay: 0, Kilifi: 0, Kasarani: 0;<br>Target: Homabay: 50,000, Kilifi: 50,000, Kasarani: 50,000 | Civil society organizations; International Labour Organization; Ministry of Education, Science and Higher Technology; Ministry of Health; United Nations Children's Fund;United Nations Educational, Scientific and Cultural Organization; World Health Organization | $5.7 million ($3.7 million from regular resources and $2 million from other resources) |
| **Outcome 3: Gender equality and women's empowerment** (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth)<br><br>Outcome indicators:<br>• Percentage of women aged 15 to 49 who have experienced physical or sexual violence<br>Baseline: 45%;Target: 35%<br>• Female genital mutilation/cutting prevalence rate<br>Baseline: 27%; Target: 26% | Output 1: National and county institutions have capacity to coordinate and implement compliance of obligations on gender-based violence, reproductive health rights and harmful cultural practices | Output indicators:<br>• Existence of a functional monitoring and evaluation framework to monitor compliance of obligations on gender-based violence<br>Baseline: No Target: Yes<br>• Number of communities that have made public declarations against female genital mutilation/cutting and early marriages in programme areas<br>Baseline: 6; Target: 10<br>• Existence of standard operational procedures to provide a coordinated response to gender-based violence in the counties<br>Baseline: 0; Target: Yes<br>• Per cent of gender-based violence survivors receiving comprehensive package of services in humanitarian settings<br>Baseline: 0 Target: 80 | Civil society; Directorate of Gender; media associations; National Gender and Equality Commission; Ministry of Education; Ministry of Health; parliamentary networks; United Nations Entity for Gender Equality and the Empowerment of Women; United Nations Children's Fund | $5.2 million ($3.2 million from regular resources and $2 million from other resources) |
| **Outcome 4: Population dynamics** (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality)<br><br>Outcome indicators:<br>• Number of national household surveys<br>Baseline: 0; Target: 3<br>• National civil registration coverage of births<br>Baseline: 58%; Target: 90% | Output 1: National and county institutions have capacity to generate and avail evidence for advocacy, planning, implementation, monitoring and evaluation of population-related policies and programmes | Output indicators:<br>• Number of analytical population-related reports (a) generated and (b) disseminated<br>a. Baseline: 0; Target: 15<br>b. Baseline: 0; Target: 17<br>• Civil registration coverage of births<br>Baseline: Homabay: 40.2, Kilifi: 61.6, Kasarani: 91.3<br>Target: Homabay: 90, Kilifi: 90, Kasarani: 98<br>• Number of county statistical offices with capacity to avail updated statistical information through the integrated multisectoral information system<br>Baseline: 0; Target: 47 | Kenya National Bureau of Statistics; Ministry of Devolution and Planning; National Council for Population and Development; parliamentary networks; Population Studies and Research Institute; United Nations Children's Fund; United Nations Development Programme | $7.5 million ($5 million from regular resources and $2.5 million from other resources)<br><br>Programme coordination and assistance: $1.5 million |